
State: District of Columbia **Filing Company:** Atlantic Specialty Insurance Company
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess
Product Name: TRIA 2019 - Follow Form Excess
Project Name/Number: /2019 TRIA

Filing at a Glance

Company: Atlantic Specialty Insurance Company
Product Name: TRIA 2019 - Follow Form Excess
State: District of Columbia
TOI: 17.0 Other Liability-Occ/Claims Made
Sub-TOI: 17.0020 Commercial Umbrella and Excess
Filing Type: Form
Date Submitted: 12/16/2019
SERFF Tr Num: BEAC-132191421
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: ASIC-FFEX-FO-DC-2019-1

Effective Date 01/01/2020
Requested (New):
Effective Date 01/01/2020
Requested (Renewal):
Author(s): Judith Carrasco, Renata Wright, Jennifer Geelan, Tara Stafford
Reviewer(s):
Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

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General Information

Project Name: Status of Filing in Domicile:
Project Number: 2019 TRIA Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/16/2019
State Status Changed: Deemer Date:
Created By: Renata Wright Submitted By: Renata Wright
Corresponding Filing Tracking Number:

Filing Description:

On behalf of Atlantic Specialty Insurance Company (the Company), we are submitting this form filing in connection with our Follow Form Excess program on file with your Department.

In response to the Terrorism Risk Insurance Act (TRIA) we are submitting the policyholder notices we intend to use which are being filed for informational purposes only.

- PHN 065-A 04 17 – Policyholder Disclosure Notice of Terrorism Insurance Coverage
- PHN 067-A 04 17 – Policyholder Disclosure Notice of Terrorism Insurance Coverage

The Company reserves the right to reformat the forms included in this filing as needed for printing and system adjustments. The Company also reserves the right to use the forms included in this filing in a variety of media, such as the internet, with the understanding that there may be slight accommodations made for viewing or using the forms in such media. The Company will satisfy applicable legal requirements for font size and any other relevant formatting requirements if it makes any adjustment to the format of the forms included in this filing.

The Company intends to implement this filing effective January 1, 2020.

We trust you will find this submission acceptable, and as such look forward to your approval/acknowledgement. Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Renata Wright, Senior Filing and Compliance Specialist
199 Scott Swamp Road
Farmington, CT 06032

rawright@onebeacon.com
860-321-2595 [Phone]

Filing Company Information

Atlantic Specialty Insurance Company	CoCode: 27154	State of Domicile: New York
605 Highway 169 North	Group Code: 4904	Company Type:
Suite 800	Group Name: Intact Financial Corp	State ID Number:
Plymouth, MN 55441	FEIN Number: 13-3362309	
(800) 662-0156 ext. [Phone]		

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

BEAC-132191421

State Tracking #:

Company Tracking #:

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policyholder Disclosure Notice of Terrorism Insurance Coverage	PHN 065-A	04 17	DSC	New			PHN 065-A 04 17 Policyholder Notice for use with Quote.pdf
2		Policyholder Disclosure Notice of Terrorism Insurance Coverage	PHN 067-A	04 17	DSC	New			PHN 067-A 04 17 POLICYholder Notice TRIA Accepted.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

Insured Name: _____

Policy/Quote Number: _____

Insured Address: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act (the Act), as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM TO BE CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

The prospective premium required for your terrorism coverage is: \$ _____.

If you wish to reject this offer of coverage, you should check the box below, sign this notice and send it to your agent. An **exclusion** of terrorism losses, as defined by the Act, will then be made part of your policy.

<input type="checkbox"/>	I hereby reject the offer of terrorism coverage. I understand that I will have no coverage for losses arising from acts of terrorism, as defined in the act.
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Possibility of Additional or Return Premium

The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Terrorism Risk Insurance Act. The federal program established by the Act is scheduled to terminate at the end of 2020 unless extended by the federal government. If the federal program terminates or if the level or terms of federal participation change, the premium shown above may not be appropriate.

If this policy contains a Conditional Exclusion, continuation of coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion. When disposition of the federal program is determined, we will recalculate the premium shown above and will charge additional premium or refund excess premium, if indicated.

If we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Date

If you have any questions about this notice, please contact your agent.

Insured Name: _____

Policy Number: _____

Insured Address: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your premium attributable to coverage for acts of terrorism is: \$ _____, and does not include any charges for the portion of losses covered by the United States Government under the Act.

You need to take no action with respect to this notice. You will receive a bill for your policy premium which will include the above amount required for your terrorism coverage.

If you have any questions about this notice, please contact your agent.

Possibility of Additional or Return Premium

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Expedited SERFF Filing Transmittal Form
Comments:	
Attachment(s):	TRIA - Expedited Transmittal signed.pdf
Item Status:	
Status Date:	

**EXPEDITED SERFF FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

This abbreviated filing transmittal document should be used in conjunction with a SERFF filing only.

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document
- One copy of each endorsement, disclosure form and/or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf
- A copy of the rates, rating systems and supporting documentation, if applicable
- The appropriate filing fees, if applicable

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and/or the laws of this state
- ☒ Is in compliance with state's requirements with respect to terrorism coverage; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Electronic Signature:

Lisa Vumback

Digitally signed by Lisa Vumback
DN: cn=Lisa Vumback, o=OneBeacon, ou=Legal
Department, email=lvumback@onebeaconpro.com, c=US
Date: 2015.03.03 08:46:31 -05'00'